

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 3	
1. CONTRACT PURCH ORDER/AGREEMENT NO. W56HZV-05-D-0210			2. DELIVERY ORDER/CALL NO. 0004		3. DATE OF ORDER/CALL (YYYYMMDD) 2007APR26		4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE		5. PRIORITY DOA4		
6. ISSUED BY U.S. ARMY TACOM LCMC AMSTA-AQ-ATAF DONALD MERKLE (586)574-6440 WARREN, MICHIGAN 48397-5000 EMAIL: DONALD.MERKLE@US.ARMY.MIL HTTP://CONTRACTING.TACOM.ARMY.MIL			CODE W56HZV		7. ADMINISTERED BY (If other than 6) DCMA INDIANAPOLIS EMMETT J. BEAN CENTER 8899 E. 56TH ST. INDIANAPOLIS, IN 46249-5701			CODE S1501A		8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR INDIANA HEAT TRANSFER CORP. 500 W. HARRISON ST. PLYMOUTH, IN 46563-1324 NAME AND ADDRESS TYPE BUSINESS: Other Small Business Performing in U.S.			CODE 0J567		FACILITY		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE			11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15			14. SHIP TO SEE SCHEDULE			15. PAYMENT WILL BE MADE BY DFAS - COLUMBUS CENTER DFAS-CO/NORTH ENTITLEMENT OPERATION P.O. BOX 182266 COLUMBUS OH 43218-2266		
16. TYPE OF ORDER			DELIVERY/ CALL <input checked="" type="checkbox"/>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.						
PURCHASE			Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.						
ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.											
<div style="display: flex; justify-content: space-between;"> <div>NAME OF CONTRACTOR</div> <div>SIGNATURE</div> <div>TYPED NAME AND TITLE</div> <div>DATE SIGNED (YYYYMMDD)</div> </div> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT	
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders									
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA RENEE COLLICA /SIGNED/ RENEE.COLLICA@US.ARMY.MIL (586)574-5268 BY: _____ CONTRACTING/ORDERING OFFICER				25. TOTAL \$242,997.16		
27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____					26. DIFFERENCES						
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO.		29. D.O. VOUCHER NO.		30. INITIALS		
f. TELEPHONE NUMBER					g. E-MAIL ADDRESS		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER			35. BILL OF LADING NO.						
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	

<p align="center">CONTINUATION SHEET</p>	<p align="center">Reference No. of Document Being Continued PIIN/SIIN W56HZV-05-D-0210/0004 MOD/AMD</p>	<p align="right">Page 2 of 3</p>
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Name of Offeror or Contractor: INDIANA HEAT TRANSFER CORP.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0012	NSN: 2930-01-133-2143 FSCM: 19207 PART NR: 11669165 SECURITY CLASS: Unclassified				
0012AA	<u>SECOND ORDERING YEAR</u> NOUN: RADIATOR,ENGINE COO PRON: EH74S667EH PRON AMD: 02 ACRN: AA AMS CD: 060011 <u>Description/Specs./Work Statement</u> TOP DRAWING NR: TDP 11669165 DATE: 06-JAN-2005 <u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: SEE PACKAGING REQUIREMENTS CLAUSE LEVEL PRESERVATION: Military LEVEL PACKING: B <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin <u>Deliveries or Performance</u> DOC SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W56HZV7109T840 SW3227 J 2 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DAYS AFTER AWARD</u> 001 200 0120 002 227 0150 FOB POINT: Origin SHIP TO: <u>FREIGHT ADDRESS</u> (SW3227) DEF DIST DEPOT RED RIVER RECEIVING BLDG 499 10TH STREET AND K AVENUE TEXARKANA TX 75507-5000 <u>CONTRACT/DELIVERY ORDER NUMBER</u> W56HZV-05-D-0210/0004	427	EA	\$_____569.08000	\$_____242,997.16

Name of Offeror or Contractor: INDIANA HEAT TRANSFER CORP.

CONTRACT ADMINISTRATION DATA

PRON/								JOB			
LINE	AMS CD/	OBLG						ORDER	ACCOUNTING	OBLIGATED	
ITEM	MIPR	ACRN	STAT	ACCOUNTING CLASSIFICATION				NUMBER	STATION	AMOUNT	
0012AA	EH74S667EH	AA	2	97	X4930AC9D	6D	26KB S20113	W56HZV	\$	242,997.16	
	060011										
									TOTAL	\$	242,997.16
SERVICE								ACCOUNTING	OBLIGATED		
NAME	TOTAL BY ACRN		ACCOUNTING CLASSIFICATION				STATION	AMOUNT			
Army	AA		97	X4930AC9D	6D	26KB S20113	W56HZV	\$	242,997.16		
									TOTAL	\$	242,997.16
ACRN	EDI ACCOUNTING CLASSIFICATION										
AA	97	0X0X4930AC9D	S20113	76D00000600110000026KB				S20113			